

HOMECARE REGISTRY - INDIVIDUAL

Howard County Office on Aging

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | | | | | | | | | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Adama, Seillu Bahjalloh 301-202-9245 H <i>Availability:</i> ASAP, live only <i>Information:</i> French, Kelo Languages, Call for details. | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Aiyegbusi, Bola 301-725-1419 H 301-213-9207 W 410-599-2312 C <i>Availability:</i> Anytime <i>Information:</i> Yoruba Language, Call for details. | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Akinkunle, Oyinlola O. 301-852-4550 H <i>Availability:</i> <i>Information:</i> CPR & First Aid Training. | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| oyinlolaakinkunle@yahoo.co.uk | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Amara, Josephine 410-300-9173 C <i>Availability:</i> Monday-Friday 8pm-8am <i>Information:</i> | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Amhatsian, Tsega 301-263-4345 H 410-531-6000 W <i>Availability:</i> Mon-Fri 9am-4pm <i>Information:</i> CPR Training | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Anderson, LaQuashia 410-491-0636 H <i>Availability:</i> By Appointment <i>Information:</i> Focus is hair care but willing to do other duties | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| laquahia@visualappealhaircare.com | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Annoh, Nana 240-838-1707 H <i>Availability:</i> Anytime <i>Information:</i> CPR | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Aryeetey, Patricia 410-340-0733 C <i>Availability:</i> Flexible <i>Information:</i> Medical Assistant, EKG Tech, CPR & First Aid | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Astene Browne 410-381-5487 H <i>Availability: 7</i> <i>Information:</i> astenedeanabrowne1958@gmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Awofiramy, Adeola 410-963-3263 H 410-933-2013 W <i>Availability: Contact for details</i> <i>Information: Cognitive Impairment Training</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Bandle, Christiana 410-363-6133 H 443-676-5461 C <i>Availability: Mon-Fri flex morning hrs; Sat morning, Sun after 3pm.</i> <i>Information: Call for details.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Banto, Olivia 443-364-4087 H <i>Availability: M-Sat</i> <i>Information:</i> livybanto@hotmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Barksdale, Delphine 443-518-0084 H <i>Availability: M-F 7am-3:30pm; Sat 8-12pm</i> <i>Information:</i> myhomedmb@hotmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Bennett, Berlyn 410-740-4674 H <i>Availability: 3-4 hrs M-F 2-3 days/wk</i> <i>Information: CPR, First Aide and Medical Aid CAN GNA Certificates</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Bonsu, Gloria Osei 240-241-3948 C <i>Availability: Flexible</i> <i>Information: CPR, First Aid & training in usage of hooyer lifts, g tube care and colostomy bag care.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Brister, Mary Ann 410-489-6756 H <i>Availability: Open</i> <i>Information: Certified in Adult & Child CPR</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Byrdsong, Brenda 410-480-4666 H <i>Availability: Mon-Fri Part-time; Weekends Daytime</i> <i>Information: Medical Assistant Training</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Carroll, Tonya 443-538-8894 H tonyacarroll48@yahoo.com <i>Availability:</i> <i>Information:</i> Certified Medication Tech, Adult AED, CPR, First Aid, Licensed Cosmetologist, HIPPA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Celius, Daniela 410-715-1045 H 443-538-0353 C <i>Availability:</i> Contact for details <i>Information:</i> PCT, PCA, CPR, French & Creole Languages. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Chapman, Florence 443-200-5704 H 443-602-1904 W 410-814-8767 C florencechapman3@gmail.com <i>Availability:</i> 7 days/week: Sunday-Saturday; 24 hour care services <i>Information:</i> Training in Alzheimer's and Dementia Care; Phlebotomy Certification, Medication Technician; First Aid & CPR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Chatman, Lawrence 800-558-1062 W <i>Availability:</i> Flexible <i>Information:</i> Extensive cleaning experience; moving & flooring services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Clay, Virginia Lucille 240-480-5777 H 443-333-6484 O <i>Availability:</i> Mon-Fri, or part-time hours <i>Information:</i> Geriatric Aid Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Cobbins, Sharon 443-621-3023 C <i>Availability:</i> Anytime <i>Information:</i> CPR, First Aid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Coleman, Jacqueline 443-629-4899 C <i>Availability:</i> Anytime <i>Information:</i> Light lifting. ON with advanced notification. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Conley, Mark 443-851-9208 C <i>Availability:</i> Available 9am-5pm, Live-in Preferred <i>Information:</i> Call for details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Conteh, Sidratu 240-643-6443 H 240-643-6443 C <i>Availability:</i> Flexible day or evening hours. <i>Information:</i> Call for details. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Cook, Tasha 443-668-9526 H tashacook2332@yahoo.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Flexible</i> <i>Information: Experience working with stroke patients & EKG; Med Tech certification, GNA, CAN, CPR, First Aide Ceritified.</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Cottman, Brenda 443-864-4113 H 410-262-5710 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Mon-Fri 10am-6pm; Sat late night.</i> <i>Information: CPR, First Aid, Toilet with assistance; Experience with Parkinson's Disease & Terminally ill.</i> | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Crenshaw, Helen 410-298-1335 H 443-447-6239 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Anytime</i> <i>Information: CPR, American Red Cross</i> | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Daniels, Melinda 410-964-0258 H 301-275-3322 W | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Flexible</i> <i>Information: Experience in Assisted Living Facilities and Group Homes; CPR</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Darguin, Desyr 410-381-9039 H 410-313-5022 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: 4pm-11pm and weekends.</i> <i>Information: French Language, Call for details.</i> | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Decunzo, Claire 410-461-2939 H decunzo@comcast.net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability: Mon-Fri 9am-2pm; Weekends flexible hours.</i> <i>Information: Computer Assistance; Some Italian Language.</i> | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| DePaula, Marcia 240-444-5751 C irshbty@aol.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Sat 8p-Sat 8a (6.5 days/wk avail), Avail live-in or hourly.</i> <i>Information: Special training: hoyer lift, ileostomies, B/P, wound care, tube feeding, nail care, catheter care, colostomies, PT/OT.</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Dina, Yemi 410-925-7972 W | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability: Flexible</i> <i>Information: CPR, First Aid</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Diop, Virginia 443-440-0615 H | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability: Sun-Wed 6am-3pm; Thurs-Sun anytime</i> <i>Information: Call for details.</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Dixon, Denise 410-489-6110 H 443-812-1056 W <i>Availability: Mon-Fri 11am-2pm</i> <i>Information: Call for details.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Dixon, Elizabeth 410-944-1093 H <i>Availability: Mon-Sat</i> <i>Information: Call for details.</i> edixon2135@yahoo.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Dixon-Holmes, Trina 410-208-8528 H <i>Availability: Mon-Fri 9am-5pm; 1/2 day Sat</i> <i>Information: CPR, Medication Observed; Nursing Assistant, Medical Assistant, Home Health Caregiver training.</i> tshortydiva1@aol.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Eldridge, Janet 410-218-0910 H 410-768-1494 O <i>Availability: 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight</i> <i>Information: Hospice, Alzheimer, Nursing Home, Hospital ICU & CCU training. CPR/First Aide cert.</i> leedjanet63@yahoo.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Ellerby, Tracey 410-206-9956 W 410-313-5621 C <i>Availability: M-F 8am-4pm. Sat/Sun day hrs- summer/holidays.</i> <i>Information: CPR, First Aid Certified</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Essaka, Gertrude 410-381-2799 H 410-683-9770 C <i>Availability: Days, evenings, nights except Wed, Sat, Sun.</i> <i>Information: French; Call for details.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Evans, Rachel 301-776-8059 H 240-671-7928 C <i>Availability: Days, nights & some weekend.</i> <i>Information: EMT</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Evans, Sandra 240-370-5726 C <i>Availability: Varys</i> <i>Information:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Fallon, William Lawrence 410-461-3274 H <i>Availability: Flexible</i> <i>Information: Attorney Maryland State Bar Association; Maryland Criminal Justice Clearance</i> wlfallon@hotmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Falter, Christine Louise 443-688-6044 H 443-535-2793 C christinebaer65@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> 5pm-7am on M, W, Th, Sun; Sundays 8am-6pm; Tuesday 8am-6 <i>Information:</i> First Aid & CPR Certified, Caregiver training from AA Department of Aging. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Ferguson, Celestine 443-546-3992 H 301-204-3984 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 9am-8pm <i>Information:</i> First Aid and CPR certification | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Few, Rosetta 410-730-4829 H 443-802-7915 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Part-time, Mon-Fri 8am-5pm. <i>Information:</i> Certification in Lab technology | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Fowler, Patricia 301-596-2254 H 240-627-5061 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon, Wed, Thurs, Fri 9am-8pm <i>Information:</i> NA Certificate; working on First Aid & CPR classes | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Frimpoma, Doris 410-964-1525 H | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 8am-6pm <i>Information:</i> CPR/AED | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Funmilayo, Tunmbi 410-707-1201 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri daytime hrs; Sat-Sun anytime. <i>Information:</i> CPR, First Aid, Personal Care; Anharic Language. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Furbert, Dennetta 661-236-7169 C denettasnipes@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> 8am-5pm or as needed <i>Information:</i> CAN, GNA, CMT, Microsoft Word & Excel, CPR, First Aid | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Gederon, Carol 240-501-7896 H | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Sat, 36-40 hrs/week <i>Information:</i> | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Gowie-Marable, Esther 410-290-0944 H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Flexible <i>Information:</i> Call for details. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Graham, Jolanda 240-483-8264 C jgraham894@aol.com <i>Availability: Mon-Fri, some weekends.</i> <i>Information: Prefers to lift patients with equipment</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Grannison, Mary 410-290-5980 H grannison.helen7707@gmail.com <i>Availability: 11-7, 3-11, 7-3</i> <i>Information: Medication Technician; CPR</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Green, Hope 410-564-4074 H handsofhopeservices@gmail.com <i>Availability: Flexible hrs during week, alternating weekends.</i> <i>Information: First Aid, CPR</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Gunter, Doris M. 410-309-0439 H aries-3-30@msn.com <i>Availability: Mon-Fri 4pm-10pm; Sat-Sun flexible.</i> <i>Information: Call for details.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Harris, Dawn Y. 410-379-5295 H 410-402-7374 W <i>Availability: Mon, Wed, Fri 4pm-10pm; Sat-Sun flexible.</i> <i>Information: Call for details.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Henderson, Angela 443-518-0367 C herndersonangelad@yahoo.com <i>Availability: Mon-Sun, Flexible/no nights</i> <i>Information: CPR & First Aid Certification. Meds & Supervisory training.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Henderson, Angela D. 410-730-3086 H <i>Availability: Mon-Sun</i> <i>Information: 15 years experience caring for elderly, CPR, First Aid</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Hodges, Shawnrita 443-635-5310 C <i>Availability: Mon-Fri 7am--7pm or 8am-8pm.</i> <i>Information: Dental Assistant Training</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Hon, Pui Yu 240-505-2574 H 240-558-3389 C 240-893-8008 C <i>Availability: flexible</i> <i>Information: CPR, IV</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

| INDIVIDUAL INFORMATION | | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON | |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Horsey, Nicole 443-454-7403 H n.cole.bess@gmail.com | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> 8am-2pm M-F, evey other weekend <i>Information:</i> | | | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Howard, Lisa 301-596-6814 H 443-208-8741 C | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> No restrictions <i>Information:</i> Physical Therapy | | | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Hughes, Mary Ellen 301-821-1588 H | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Available weekends and afer 5pm weekdays. <i>Information:</i> MS in Pastoral Counseling, experience with Emphysema Patients | | | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Hull, Ethail 410-812-4918 C | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> + <i>Information:</i> | | | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Hunter, Cynthia 240-701-2149 C bbcyh1@yahoo.com | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> 9am-5pm Mon-Fri <i>Information:</i> CPR | | | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Hur, Inyoung Kim 301-575-6784 C lovegod0708@gmail.com | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Weekday after 3 o'clock <i>Information:</i> First Aid, CPR, AED. | | | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Jackson, Alisha 443-680-0858 H | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Sun 8am-4pm or 10am-6pm or 11pm-7am <i>Information:</i> | | | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| James, Delores M. 410-730-4327 H | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Anytime Sunday-Friday. <i>Information:</i> Call for details. | | | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Jamil, Muhammad 410-730-1645 H 443-766-0487 C | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Day/night, including weekends. <i>Information:</i> Urdu Language; Call for details. | | | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |

Page 8 of 16

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Jeannot, Michel-Ange 443-635-4984 C <i>Availability:</i> Mon-Fri 4pm-9pm; Sat-Sun 4pm-7pm. <i>Information:</i> Haitian, Creole, French Languages; Call for details. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Johnson, Hermella 443-756-8641 H 301-793-0669 C Herm_el@hotmail.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Kathurima, Jane 301-793-5281 H info@victoryhomehealthcare.org | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Kazosi-Sasraku, Esther 410-496-3342 H 443-447-4726 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Keaser, Angela M 443-591-2906 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Krapa-Gyasi, Anthony Kitson 443-642-8404 H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Kukuruku, Eva 240-280-7666 H 301-536-5938 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Lang, Karen 410-840-8611 H 443-536-1022 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Lesperance, Irene 410-715-8730 H | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

Thursday, July 23, 2015

Page 9 of 16

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Linder, Lamona 410-579-8877 H lamona@verizon.net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Availability: Anyday 6am-6pm. Information: Call for details. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Locke, Beryl 410-720-2417 H 410-660-3501 C beryl_locke@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Availability: Sat/Sun overnight, Mon-Fri 9-3 or Mon- Fri 5-10 Information: | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Locke, Rowena 443-938-4598 C purposedrivenhc@gmail.com | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Availability: Mon-Fri 9:30-5:30pm Information: CPR & AED certified. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Lofton-Greene, Javonne She 410-740-3319 H 410-294-9973 C lshenay@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability: Mon-Sat 9am-3pm Information: CPR, EKG | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Manga, Vivian 410-707-4469 C rvcrossing@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Availability: Sat 7am-7pm; Sunday 7am-7pm; Some Fri pm. Information: Patient Care Tech, French. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Matthis, Donna Lynn 443-567-1429 H 443-547-9707 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Availability: Anytime Information: Hospice Training, Administers Medication | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Mbuh,Florence 240-646-2638 H | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Availability: Mon-Sat Information: | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| McCray, Debra 443-570-0558 H | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability: Days, some weekends. Information: CPR, First Aid, over 30 years experience | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| McDonald, Kimberly F. 443-266-7127 H 301-861-6359 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability: Part-time Information: Call for details. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| McKenly, Carol 240-216-6075 H 301-910-3477 W <i>Availability:</i> <i>Information:</i> Overnight only on weekends. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Meribe, Ngozi 301-905-8889 H <i>Availability:</i> Mon-Sun <i>Information:</i> Call for details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Mi Kang Yi 410-404-5317 C <i>Availability:</i> Mon-Sat 7am-7pm <i>Information:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Michaels, Bernadette 443-277-2048 C <i>Availability:</i> Mon-Sat 9am-5pm, evenings as needed. <i>Information:</i> BA in Human Services, Organizing Service & Bookkeeping. bernadette@acheiveresults.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Midi, Gerda 410-579-2004 H 410-794-6957 C <i>Availability:</i> Available nights & flexible days. <i>Information:</i> CPR, Medication, Blood Sugar, EKG, IV & Catheter, Prefers Columbia, Elkrige, Jessup & Ellicott City locations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Moore, Sharon 240-264-7413 C <i>Availability:</i> Weekdays <i>Information:</i> CPR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Morgan, Carolene 410-884-0508 H 301-807-4069 C <i>Availability:</i> Mon-Fri 6-10pm, some overnights, flexible weekends. <i>Information:</i> CPR, Medication, Will travel. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Morgan, Chereese N. 301-256-8557 C <i>Availability:</i> Mon-Sun 7am-4pm <i>Information:</i> CPR, First Aid, Recreation & outings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Morsell, Teresa 443-827-5387 H <i>Availability:</i> Mon-Sat, live-in or 8-12 hours. <i>Information:</i> Medication, Experience with Personal Care, errands, administering meds & as a live in. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Naomi N. Parker 301-300-9995 H nparker.np10@gmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Sat: day, evening, night; Sunday evening, night. <i>Information:</i> CPR/First Aide, Crisis Intervention, Food Handler; | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Njangba, Etienne 443-813-8209 H | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Anytime <i>Information:</i> Call for details. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Nsereko, Douglas 240-646-4593 H | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon, Wed, Thurs 9:30am-1:30pm. <i>Information:</i> Call for details. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Ogunfeyimi, Olamide Janet 240-280-9467 H janet4ola@yahoo.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri, 7am-12pm <i>Information:</i> CPR & First Aid Certification | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Oladapo, Mutiat 443-518-6390 C dttdesigns10@gmail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> <i>Information:</i> 6am-2pm, 11pm-7am, morning or night shift; HHA, CPR training. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Oluspare, Tailvo C. 240-705-2484 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Afternoon, evening or live-in. <i>Information:</i> Yoruba Language; Call for details. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Osei, Emelia 240-593-1034 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Anytime Mon-Sat. <i>Information:</i> Twi Language, Call for details.. | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Osuji Peter Chikwunyere 301-306-4261 H 240-444-9821 O 240-605-0666 C pirabor@yahoo.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> <i>Information:</i> | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Ousley, Jen 865-617-3547 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Anytime <i>Information:</i> Lift up to 80 pounds dead weight, no more than 40 pounds. CPR, First Aid & Alzheimer's Training. | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist, C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Page, Karen 443-367-1238 H kpage@verizon.net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Fri anytime; Sat evenings; Sun anytime. <i>Information:</i> 2 yr wound care experience, MA Waiver Certified, Personal Care; Elkridge & Laurel Locations. | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Payaswini, Shah 410-799-9148 H 410-321-2737 W 443-570-1067 C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> 4 days a week; 6 hours per day. <i>Information:</i> | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Pearson, Perlina 410-997-9111 H prlpears@aol.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 7am-4:30pm (PRN/SAT) <i>Information:</i> Certified Nurse Assistant and Home Care Aid, CPR. | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Peigne, Rose 410-964-3084 H 443-538-8977 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Tues, Wed, Thurs flexible hrs, some weekends. <i>Information:</i> Call for details. | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Pettit, Judy 443-889-2037 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 8 hour or 12 hour shifts. <i>Information:</i> Employed as nurse since 1989 | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Redd, Evangelin Geneva 410-496-7362 H 410-303-5517 C genevaredd@verizon.net | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 7am-7pm, some weekends. <i>Information:</i> CPR, First Aid | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Robinson, Janet 410-530-8571 C janet.robinson3@yahoo.com, jsr.busi | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Monday-Friday 9am-3pm. <i>Information:</i> CPR, First Aid, Personal home health care | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Robinson, Joan 410-655-6474 H 443-865-6523 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm. <i>Information:</i> CPR, First Aid, 35 yrs exp as a CNA for state hospital. | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Rochelin, Marie J 301-890-2975 H 240-620-1307 C ojrochlin10@hotmail.com | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Evenings/weekends. <i>Information:</i> French & Creole Languages; Call for details. | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Rohme, Jessica 240-898-7286 C jessicaledroux@gmail.com <i>Availability: Mon-Fri 9-6</i> <i>Information: CPR & First Aide, AED Training.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Rudd, Shanon 410-872-4948 H 410-812-1947 C <i>Availability: Mon-Fri 10am-6pm.</i> <i>Information: CPR, Medical Assistant, Overnight upon request only.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Sanders, Carmelle 240-706-1053 H sanders.carmelle@aol.com <i>Availability:</i> <i>Information:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Savage, Pam 410-599-2312 C artfun1102@gmail.com <i>Availability: Fri-Sun Flexible hours.</i> <i>Information: Licensed Health Care Provider</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Schleelein, Ada 443-615-1040 C aschleelein@me.com <i>Availability: as needed</i> <i>Information:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Senyoh, Selina 240-328-2697 C selina.senyoh@gmail.com <i>Availability: Mon-Sat 7am-7pm, 8am-8pm, 7pm-7am.</i> <i>Information: Call for details.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Simpson, Sharon 410-207-4874 C srs20794@aol.com <i>Availability: Anytime</i> <i>Information: CPR, MA Waiver Certified</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Smith, Octavia 443-319-5889 H 443-633-1977 C <i>Availability: 11-7, 7-3, 8-4, 9-5</i> <i>Information:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| St. Hill, Teresa 240-274-0394 C <i>Availability: Anytime</i> <i>Information: Call for details.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Sweet, Allyn Grace <i>Availability:</i> Monday-Friday, 4 hours/day between 9am and 4pm <i>Information:</i> Certificates in Reiki, Healing Touch agsweet@usa.net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Thomas, Mable E. 443-520-3291 H <i>Availability:</i> Mon-Fri anytime after 11am. <i>Information:</i> Certified as a Care Provider Assistant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Thomas, Tyeacha 443-760-2801 H 443-760-2145 O <i>Availability:</i> 7:30am-7pm; 9am-5pm; 3pm-11pm <i>Information:</i> CPR tyeachabailey@yahoo.com | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Trumbauer, Beatrix E. 410-651-3994 H 443-366-4557 C <i>Availability:</i> Part-time except for overnight care. <i>Information:</i> Call for details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Tyson, Myra 443-474-1587 H <i>Availability:</i> Flexible 1-24 hours, may call anytime or emergencies. <i>Information:</i> CPR, Home Care Nurse, Recreation, outings, pediatrics, tube feeding, mental health, hospice, transport limited, no restrictions. myramnm@comcast.net | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |
| Valentine, Catherine E. 443-542-2425 H <i>Availability:</i> Flexible <i>Information:</i> Training for Home Care, Principles of Behavioral Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Vick, Michael 410-975-8633 H 214-799-8634 C <i>Availability:</i> Mon-Fri 5pm-8:30am and 5:30pm-11pm <i>Information:</i> Basic Life Support Training (BLS/CPR), First Aid michael-vick@swbell.net | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Vodi, Olivia 240-328-2697 H <i>Availability:</i> Mon-Sat 7am-7pm <i>Information:</i> Call for details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | |
| Wasser, Carol 410-290-9662 H <i>Availability:</i> Anytime <i>Information:</i> Call for details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | Experience working with: Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION

| INDIVIDUAL INFORMATION | CNA | CMA | GNA | MT | LPN | RN | HHA | COS | C | LI | LC | HC | MP | S | R | LA | LF | T | G | TR | ON |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Whyte, Tanyah 443-542-0569 H 410-531-6000 W 973-336-4184 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> CPR certified. | | | | | | | | | Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Williams, Dianna Maria 410-740-4336 H 443-827-3492 C | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Open | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> Hair & nails | | | | | | | | | Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Wood, Sonia 410-799-3483 H 443-623-0948 C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri evenings, Saturdays. | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> Call for details. | | | | | | | | | Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Yaro. Ahmad Mahmoud 443-474-2381 C yaro.ahmad@yahoo.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon-Fri 3pm-12am; Sat-Sun 7am-10pm every other weekend. | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> | | | | | | | | | Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input type="checkbox"/> | | | | | | | | | | | | |
| Yates, Monica 410-992-3087 H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Availability:</i> Anytime | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> CPR, First Aid, 15 years experience with older adults | | | | | | | | | Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Yeonjoo (Woo) Pierson 410-353-5847 C loveinjesus@ymail.com | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Availability:</i> Mon -Sat 10am-6pm or as needed | | | | | | | | | Experience working with: | | | | | | | | | | | | |
| <i>Information:</i> CPR | | | | | | | | | Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | | | Younger Person with Disability <input checked="" type="checkbox"/> | | | | | | | | | | | | |

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

DISCLAIMER: Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

Thursday, July 23, 2015

Page 16 of 16